

APPLICATION DATA SHEET

Application Information

Application number::	10/688,289
Filing Date::	10/16/03
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	Post-biopsy cavity treatment implants and methods
Attorney Docket Number::	RUBI5873CIP
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	19
Small Entity?::	Yes
Petition Included?::	No
Secrecy Order in Parent Appln.?::	No

Applicant Information

Applicant Authority Type::	InventorI
Primary Citizenship Country::	US
Primary Citizenship Status::	Full Capacity
Given Name::	Ary
Middle Name::	S.
Family Name::	Chernomorsky
City of Residence::	Walnut Creek
State of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	900 Placer Rider Road
City of Mailing Address::	Walnut Creek
State of Mailing Address::	CA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	94596

Applicant Authority Type:: Inventor2
Primary Citizenship Country:: US
Primary Citizenship Status:: Full Capacity
Given Name:: James
Middle Name:: W.
Family Name:: Vetter
City of Residence:: Portola Valley
State of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 117 Solana Road
City of Mailing Address:: Portola Valley
State of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 94028

Applicant Authority Type:: Inventor3
Primary Citizenship Country:: US
Primary Citizenship Status:: Full Capacity
Given Name:: Simon
Family Name:: Chernomorsky
City of Residence:: Orinda
State of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 20 Irwin Way
City of Mailing Address:: Orinda
State of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 94563

Correspondence Information

Correspondence Customer Number::	22430
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Representative Information

Representative Customer Number::	22430
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::	Rubicon Medical, Inc.
Street of Mailing Address::	600 Chesapeake Drive
City of Mailing Address::	Redwood City
State of Mailing Address::	CA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	94063